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## =====

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DATE: July 12, 2004

  
Dennis R. Haszko  
Registration No.: 39,575

## =====

## TO THE ATTENTION OF:

## MAIL STOP:

COMPANY: United States Patent and Trademark Office  
CITY: Arlington, Virginia, U.S.A.  
FAX NUMBER: 703-872-9306  
DATE / TIME: July 12, 2004  
FROM: Dennis R. Haszko  
DIRECT DIAL: (613) 237-5160  
OUR FAX NUMBER: (613) 787-3558

RE: United States Patent Appln No. 10/032,014  
Title: LABEL SWITCHED PATH OAM WRAPPER  
Inventor(s): AZAD, Mina, M.  
Our File: PAT 2224-2 US

NUMBER OF PAGES, INCLUDING THIS PAGE: 11  
CONFIRMATION TO FOLLOW: NONE

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: AZAD, Mina, M.  
Serial No.: 10/032,014  
Filed: December 31, 2001  
Title: LABEL SWITCHED PATH OAM WRAPPER  
Group: 2161  
Examiner:  
Attorney Ref.: PAT 2224-2 US

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Arlington VA 22202  
U.S.A.

Dear Sir:

**RE-SUBMISSION OF REVOCATION OF POWER OF ATTORNEY  
AND APPOINTMENT OF NEW POWER OF ATTORNEY**

On March 5, 2004, we submitted via facsimile (703-872-9306) a Revocation of Power of Attorney and Appointment of New Power of Attorney. Enclosed is the United States Patent and Trademark Office facsimile Auto-Reply for your reference, together with our original submission.

Please confirm that Borden Ladner Gervais, customer number 26123, have been made agents of record for this application.

Respectfully submitted,  
Mina ~~M. AZAD~~

By: 

Dennis R. Haszko

Reg. No. 39,575  
Borden Ladner Gervais LLP  
100 Queen Street, Suite 1100  
Ottawa, ON  
Canada K1P 1J9  
Tel: (613) 237-5160  
Fax: (613) 787-3558  
E-mail: ipinfo@blgcanada.com

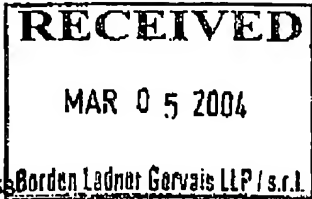
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2. Successful Facsimile Transmission Report
3. Form PTO/SB21
4. Revocation of Power of Attorney and Appointment of New Power of Attorney
5. Statement Under 37 CFR 3.73(b)
6. Assignment Recordal

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Date: March 5, 2004

*L. Anna Kirsman*  
 L. Anna Kirsman  
 Registration No. 43,204

**TO THE ATTENTION OF:**

**COMPANY:** United States Patent and Trademark Office  
**CITY:** Alexandria, Virginia, United States of America  
**FAX NUMBER:** 703-872-9306  
**DATE / TIME:** March 5, 2004  
**FROM:** L. Anna Kirsman  
**DIRECT DIAL:** (613) 237-3180  
**OUR FAX NUMBER:** (613) 787-3558

**RE:** United States Patent Appln No. 10/032,014  
 Title: LABEL SWITCHED PATH DAM WRAPPER  
 Inventor(s): AZAD, Nihal M.  
 Owner: Nortel Networks Limited  
 Our File: PAT 2224-2 US

**NUMBER OF PAGES, INCLUDING THIS PAGE:** 7  
**CONFIRMATION TO FOLLOW:** None

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Lawyers - Patent & Trade-mark Agents  
World Exchange Plaza  
100 Queen Street, Suite 1100  
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Date: March 5, 2004

  
L. Anne Kinsman

Registration No. 45,291

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**DATE / TIME:** March 5, 2005  
**FROM:** L. Anne Kinsman  
**DIRECT DIAL:** (613) 237-5160  
**OUR FAX NUMBER:** (613) 787-3558

**RE:** United States Patent Appln No. 10/032,014  
**Title:** LABEL SWITCHED PATH OAM WRAPPER  
**Inventor(s):** AZAD, Mina, M.  
**Owner:** Nortel Networks Limited



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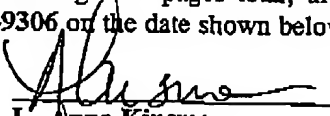
Borden Ladner Gervais LLP  
Lawyers - Patent & Trade-mark Agents  
World Exchange Plaza  
100 Queen Street, Suite 1100  
Ottawa ON K1P 1J9  
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**COMPANY:** United States Patent and Trademark Office  
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**FAX NUMBER:** 703-872-9306  
**DATE / TIME:** March 5, 2005  
**FROM:** L. Anne Kinsman  
**DIRECT DIAL:** (613) 237-5160  
**OUR FAX NUMBER:** (613) 787-3558

**RE:** United States Patent Appln No. 10/032,014  
**Title:** LABEL SWITCHED PATH OAM WRAPPER  
**Inventor(s):** AZAD, Mina, M.  
**Owner:** Nortel Networks Limited  
**Our File:** PAT 2224-2 US

**NUMBER OF PAGES, INCLUDING THIS PAGE: 7**  
**CONFIRMATION TO FOLLOW: None**

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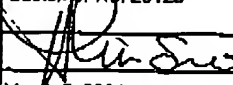
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/032,014	
	Filing Date	December 31, 2001	
	First Named Inventor	Mina, M. AZAD	
	Art Unit	2161	
	Examiner Name		
Total Number of Pages In This Submission	6	Attorney Docket Number	PAT 2224-2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	L. Anne Kinsman (Reg. No. 45,291) Customer No. 26123
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Date	March 5, 2004

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# **REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY**

Application Number	10/032,014
Filing Date	December 31, 2001
First Named Inventor	Mina M. AZAD
Art Unit	2161
Examiner Name	
Attorney Docket Number	PAT 2224-2

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number:

26123

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

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OR

☐ Firm or  
Individual Name

Address

Address

City

Country

State

Zip

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name: Angela C. de Wilton, Director, Intellectual Property

Signature: *Angela C. de Wilton*

Date: *3 March 2004*

Telephone: (613) 768-3020

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: NORTEL NETWORKS LIMITEDApplication No./Patent No.: 10/032,014 Filed/Issue Date: December 31, 2001Entitled: LABEL SWITCHED PATH OAM WRAPPERNORTEL NETWORKS LIMITED, a Corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

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A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012421, Frame 0869, or for which a copy thereof is attached.

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B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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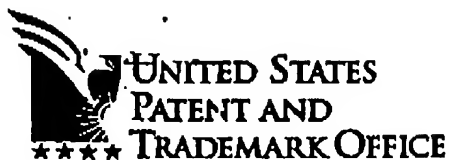
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

3 March 2004  
Date  
(613) 768-3020  
Telephone number

Angela C. de Witton  
Typed or printed name  
Adel Wilton  
Signature  
Director, Intellectual Property  
Title

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FEBRUARY 26, 2002

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RECORDATION DATE: 12/31/2001

REEL/FRAME: 012421/0869  
NUMBER OF PAGES: 2

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:  
AZAD, MINA

DOC DATE: 12/31/2001

ASSIGNEE:  
NORTEL NETWORKS LIMITED  
2351 BOULEVARD ALFRED-NOBEL  
ST. LAURENT, QUEBEC, CANADA H4S 2A9

SERIAL NUMBER: 10032014  
PATENT NUMBER:

FILING DATE: 12/31/2001  
ISSUE DATE:

ALLYSON PURNELL, EXAMINER  
ASSIGNMENT DIVISION  
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12/31/01

01-09-2002

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<p>1. Name of conveying party(ies):</p> <p>Mina Azad</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name</p> <p><input type="checkbox"/> Other _____</p> <p>Execution Date: December 31, 2001</p>	<p>2. Name and address of receiving party(ies)</p> <p>Name: Nortel Networks Limited</p> <p>Internal Address: _____</p> <p>Street Address: _____</p> <p>2351 Boulevard Alfred-Nobel</p> <p>St. Laurent, Quebec, Canada, H4S 2A9</p> <p>City: _____ State: _____ Zip: _____</p> <p>Additional name(s) &amp; address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>4. Application number(s) or patent number(s):</p> <p>If this document is being filed together with a new application, the execution date of the application is: 12/31/2001</p> <p>A. Patent Application No.(s)</p> <p>B. Patent No.(s)</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: Shapiro Cohen</p> <p>Internal Address: _____</p> <p>Street Address: P.O. Box 3440</p> <p>Station D</p> <p>Ottawa, Ontario, Canada, K1P 6P1</p> <p>City: _____ State: _____ Zip: _____</p>
<p>6. Total number of applications and patents involved: <input checked="" type="checkbox"/> 1</p> <p>7. Total fee (37 CFR 3.41).....\$ 40.00</p> <p><input checked="" type="checkbox"/> Enclosed</p> <p><input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: _____</p> <p>(Attach duplicate copy of this page if paying by deposit account)</p>	
<p>DO NOT USE THIS SPACE</p> <p>9. Statement and signature.</p> <p>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</p> <p>Robert G. Hendry</p> <p>Name of Person Signing</p> <p>Signature</p> <p>12/31/2001</p> <p>Date</p> <p>Total number of pages including cover sheet, attachments, and documents: <input checked="" type="checkbox"/> 2</p> <p>Mail documents to be recorded with required cover sheet information to: Commissioner of Patents &amp; Trademarks, Box Assignments Washington, D.C. 20231</p>	

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24 FC:581

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TEL:613 820 1553

P. 040

583P2103

ASSIGNMENT AND AGREEMENT

For value received, I, Mina AZAD whose full post office address is 18 Thistledown Court, Nepean, Ontario, K2J 1M9, Canada hereby sells, assigns and transfers to NORTEL NETWORKS LIMITED whose full post office address is 2351 Boulevard Alfred-Nobel, St. Laurent, Quebec, Canada, H4S 2A9 and its successors, assigns and legal representatives, the entire right, title and interest, for all countries, in and to the invention entitled LABEL SWITCHED PATH OAM WRAPPER as described in an application for letters patent filed in the UNITED STATES, the Declaration and Power of Attorney accompanying said application being executed on

December 31, 2001 and all rights and privileges including priority rights arising from the application aforesaid and corresponding applications in other countries, all continuations, continuations-in-part, divisionals, renewals, substitutes or reissues thereof, and all the rights and privileges under any and all letters patent that may be granted for said inventions.

We request that any and all patents for said inventions may be issued to said assignee, its successors, assigns and legal representatives, or to such nominees as it may designate.

We agree that, when requested, we will, without charge to said assignee but at its expense, sign all papers, take all rightful oaths, and do all acts which may be necessary, desirable or convenient for claiming said priority rights and for securing and maintaining patents for said inventions in any and all countries and for vesting title thereto in said assignee, its successors, assigns and legal representatives or nominees.

We covenant with said assignee, its successors, assigns and legal representatives, that the rights and property herein conveyed are free and clear of any encumbrance, and that we have full right to convey the same as herein expressed.

THE UNDERSIGNED hereby authorizes the firm of SHAPIRO COHEN whose full office address in Canada is Suite 2001, 112 Kent Street, Ottawa, Ontario, K1P 5P2 and whose full mailing address is P.O. Box 3440, Station D, Ottawa, Ontario, K1P 6P1, to correct errors in this assignment or to insert any further identification or other information necessary or desirable to make this assignment suitable for recordal in the U.S. Patent Office.

EXECUTED AT Ottawa .....  
this 31st day of December .....  
2001.

Mina Azad .....  
Mina AZAD

Witness: [Signature] .....